
COMMUNITY HOSPITALS

INTRODUCTION

This section contains a descriptive summary of selected statistics for the 51 community hospitals in South Dakota. Past trends and a description of the existing state of community hospitals are discussed within sections pertaining to community hospital resources, utilization, and finances. This descriptive information concerns primarily inpatient utilization of facilities. The 2004 data showed that:

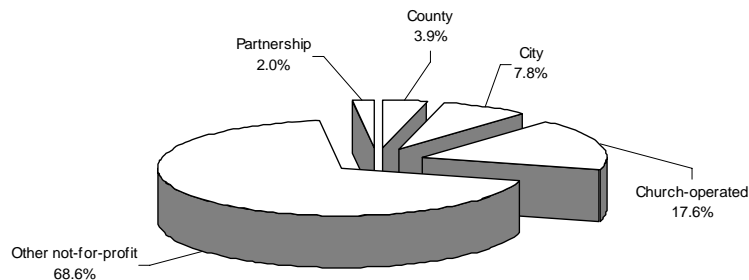
- South Dakota had 51 community hospitals. All 51 community hospitals responded to the AHA Annual Survey during 2004. This is the same number of hospitals that reported in 2003. However, one hospital (Wagner Community Memorial Hospital) did not submit 12 months of data; therefore, data from their 2003 survey was used for comparison purposes.
- South Dakota's 51 community hospitals provided consumers with 3,052 licensed beds, 12 more than in 2003. Of these 3,052 licensed beds, 2,757 beds were set up and staffed. In addition, 471 of the 3,052 community hospital beds were designated as swing beds, the same as 2003.
- South Dakota's community hospitals provided consumers with 4.0 community hospital beds per 1,000 population. South Dakota's community hospital bed/1,000 rate has been on a steady decline since 1995 until 2003 where it showed a slight increase and remained unchanged in 2004.
- The average size of South Dakota's community hospitals was 59.8 beds, slightly up from the average size of 59.6 beds in 2003. Most were relatively small with a median hospital size of 25 beds. The largest South Dakota community hospital had 537 beds and the smallest hospital had four beds.
- Utilization numbers indicate an improvement in 2004. Discharges (including swing bed discharges) totaled 102,350, an increase of 2,701 from 2003. Since 1995, total discharges have fluctuated annually.
- Forty-seven of the 51 community hospitals were licensed for swing beds, which generated 39,427 swing bed inpatient days, compared to 44,859 swing bed inpatient days in 2003.
- Community hospitals reported expenses of \$1.49 billion and revenues of \$1.62 billion during the 2004 reporting period, for increases of 7.2 and 7.3 percent over 2003, respectively.

RESOURCES

Type of Control

The results of the AHA Annual Survey indicated that five different types of organizations were responsible for establishing policy for the overall operation of South Dakota's community hospitals. In 2004, county governments controlled two community hospitals and city governments controlled four community hospitals for a total of 11.7 percent. One community hospital was controlled by an investor-owned, for-profit partnership for a total of 2.0 percent. Of the remaining 86.3 percent of hospitals, church-operated, not-for-profit organizations controlled nine community hospitals or 17.6 percent and other not-for-profit organizations controlled 35 community hospitals or 68.6 percent. Figure 1, below, depicts the organizational structure of community hospitals during the 2004 reporting period.

Figure 1
Organizational Structure – Control of Community Hospitals, 2004



NOTE: Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Facilities and Beds

The number of community hospitals, 51, stayed the same from 2003 to 2004. The number of community hospitals has remained consistently between 49 and 51 during the last decade. In 2004, the average size of community hospitals was 59.8 beds, up slightly from the 2003 average of 59.6 beds. The median hospital size was 25 beds, the same as 2003. South Dakota's smallest hospital had only four beds, while the largest hospital had 537 beds. The wide range in bed size can be attributed to the way the population is dispersed throughout the state. The total number of licensed beds in 2004 was 3,052, up 12 beds from 2003 and down 215 beds or a decrease of 6.6 percent from 1995. Table 1, page five, shows the number of community hospitals and licensed beds within those hospitals, broken down by bed size category.

Table 1
Number of Community Hospitals and Licensed Beds
by Bed Size Category, 1995-2004

Bed Size Category												
Year	4-24		25-49		50-99		100-199		200 +		Total	
	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds
1995	15	219	25	806	4	282	3	412	4	1,548	51	3,267
1996	16	231	24	764	4	282	3	404	4	1,548	51	3,229
1997	17	255	22	693	4	282	3	404	4	1,548	50	3,182
1998	19	285	20	627	4	282	4	547	3	1,379	50	3,120
1999	19	291	19	613	5	373	3	407	3	1,381	49	3,065
2000	19	294	20	640	4	319	3	401	3	1,332	49	2,986
2001	20	294	20	569	5	374	3	401	3	1,332	51	2,970
2002	20	294	20	569	5	374	3	401	3	1,332	51	2,970
2003	20	297	19	533	6	426	3	401	3	1,383	51	3,040
2004	21	319	19	514	5	374	3	401	3	1,444	51	3,052

NOTE: Swing bed numbers are included in the bed numbers above. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Beds Per 1,000 Population

One of the best measures of availability of hospital beds is the number of community hospital beds per 1,000 population. This rate has fluctuated over the past 30 years, rising from 4.4 beds per 1,000 population in 1950 to 5.6 beds in 1970. In the early 1970s, the number of beds dropped slightly until 1977 when it reached 5.1 beds per 1,000 population. The drop in bed supply in the mid-70s may be attributed to a number of hospital closures due to population patterns. Recent declines in bed supply are due to decreased utilization of inpatient beds because of the rise in outpatient visits. The 2004 statewide figure is 4.0 beds per 1,000 population, using the 2000 U.S. census population number of 754,844 and the 2004 figure of 3,052 licensed hospital beds. Table 2, page six, provides the number of beds per 1,000 population from 1995 to 2004. The beds per 1,000 population have been on a decline consistently from 4.7 beds per 1,000 population in 1995 to 3.9 beds per 1,000 population in 2002. However, in 2003 there was an increase of 2.5 percent with 4.0 beds per 1,000 population, a number that remained unchanged in 2004.

Table 2
Licensed Hospital Beds Per 1,000 Population
in South Dakota Community Hospitals, 1995-2004

YEAR	SOUTH DAKOTA POPULATION (See Note Below)	NUMBER OF LICENSED BEDS	BEDS PER 1000 POPULATION
1995	696,004	3,267	4.69
1996	696,004	3,229	4.64
1997	696,004	3,182	4.57
1998	696,004	3,120	4.48
1999	696,004	3,065	4.40
2000	754,844	2,986	4.00
2001	754,844	2,970	3.93
2002	754,844	2,970	3.93
2003	754,844	3,040	4.03
2004	754,844	3,052	4.04

NOTE: The 1990 Census was used for the 1995-1999 rates. The 2000 Census was used for all years after 2000. Information in Table 2 includes swing beds. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Beds Per 1,000 Population by Geographic Area

Another way to look at beds per 1,000 population is by geographic area of the hospital. There are three possible geographic areas in South Dakota; frontier, rural, and urban. Frontier is described as a population density of six or less persons per square mile. Rural is described as a population density of more than six persons per square mile but no population centers of 50,000 or more. Urban is described as having a population center of 50,000 or more. Please see Appendix H for a map of South Dakota counties by geographic areas. Table 3, below, displays beds per 1,000 population by geographic areas. In 2004, urban geographic areas had the highest beds per 1,000 population with 6.6 beds per 1,000 population.

Table 3
Licensed Hospital Beds Per 1,000 in South Dakota Community
Hospitals by Geographic Areas, 2004

GEOGRAPHIC AREAS	SOUTH DAKOTA POPULATION	NUMBER OF LICENSED BEDS	BEDS PER 1,000 POPULATION
Urban	236,846	1,558	6.58
Rural	333,237	1,102	3.31
Frontier	184,761	392	2.12

NOTE: For beds per 1,000 population the 2000 Census was used. Information in Table 3 includes swing beds. Wagner Community Memorial Hospital, Wagner, did not submit a complete survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records

Services

In 1994, AHA began to monitor which services are provided directly by the community hospitals or provided by a health system, network or through a contractual agreement with another provider outside the network or system. In 1994, health systems provided 3.3 percent of services, networks provided 2.0 percent of services, and providers outside the network or system provided 11.8 percent of the services through contractual agreement. In 2004, health systems provided 13.4 percent of the services, networks provided 0.5 percent of services, and providers outside the network or system provided 11.9 percent of the services through contractual agreement. These numbers show an increase in health systems and contractual services and a decrease in networks. Table 4, pages 7-9, lists the types of services provided by community hospitals and the number of community hospitals in South Dakota that maintained those services within their facility or had an arrangement with some other facility to provide the service during 2004. Sixteen new facility and service categories were added to the 2004 survey.

These are:

- Cardiology and cardiac surgery services
- Adult diagnostic/invasive catheterization
- Pediatric diagnostic/invasive catheterization
- Adult interventional cardiac catheterization
- Pediatric interventional cardiac catheterization
- Adult cardiac surgery
- Pediatric cardiac surgery
- Patient controlled analgesia (PCA)
- Shaped beam radiation system
- Bone marrow transplant services
- Heart transplant services
- Kidney transplant services
- Liver transplant services
- Lung transplant services
- Tissues transplant services
- Other transplant services

Table 4
Services Offered by South Dakota Community Hospitals, 2004

Services Provided	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
General medical-surgical care	49	1,531	4	0	1
Pediatric medical-surgical care	14	109	3	0	1
Obstetrics	27	187	11	0	0
Medical-surgical intensive care	23	138	3	0	0
Cardiac intensive care	11	37	3	0	1
Neonatal intensive care	3	85	2	0	1
Neonatal intermediate care	2	10	2	0	1
Pediatric intensive care	4	19	2	0	1
Burn care	1	3	1	0	2
Other special care	3	72	1	0	1
Other intensive care	2	7	1	0	2
Physical rehabilitation	9	126	2	0	2
Alcoholism/drug abuse or dependency care	0	0	2	0	3
Psychiatric care	4	234	2	0	3
Skilled nursing care	3	1,263	1	0	3
Intermediate nursing care	12	234	1	0	3
Acute long-term care	3	112	2	0	3
Other long-term care	10	256	3	0	2
Other care	14	188	9	0	1

COMMUNITY HOSPITALS

Table 4 (Cont.)
Services Offered by South Dakota Community Hospitals, 2004

Services Provided	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
Adult day care program	7	138	1	0	0
Airborne infection isolation rooms	19		2	0	0
Alcoholism/drug abuse or dependency outpatient	3		2	1	1
Alzheimer center	2		0	0	0
Ambulance services	11		1	0	13
Arthritis treatment center	1		0	0	0
Assisted living	23		2	1	2
Auxiliary	32		1	0	0
Bariatric/weight control services	3		2	0	0
Birthing room / LDR room / LDRP room	26		2	0	0
Breast cancer screening/mammograms	26		7	0	10
Cardiology and cardiac surgery services					
a. Adult diagnostic/invasive catheterization	5		2	0	2
b. Pediatric diagnostic/invasive catheterization	2		2	0	0
c. Adult interventional cardiac	5		2	0	0
d. Pediatric interventional cardiac catheterization	2		2	0	0
e. Adult cardiac surgery	4		2	0	0
f. Pediatric cardiac surgery	1		2	0	0
Case management	25		1	0	0
Chaplaincy/pastoral care services	16		2	0	3
Chemotherapy	25		2	0	0
Children’s wellness program	6		1	0	0
Chiropractic services	1		0	0	2
Community outreach	30		1	0	0
Complementary medicine services	5		1	0	2
Crisis prevention	3		2	0	2
Dental services	3		0	0	9
Emergency services:					
a. Emergency department	51		1	0	0
b. Trauma center	10		3	0	1
Enabling services	3		1	0	0
End of life services					
a. Hospice	20		9	0	7
b. Pain management program	16		3	0	4
c. Palliative care program	6		3	0	2
Enrollment assistance services	6		2	0	1
Extracorporeal shock wave lithotripter	3		2	0	1
Fitness center	18		1	0	4
Freestanding outpatient care center	3		1	0	0
Geriatric services	17		2	0	0
Gamma knife	1		0	0	0
Health fair	36		3	2	0
Health information center	16		4	0	0
Health screenings	44		2	0	1
Hemodialysis	9		1	0	3
HIV / AIDS services	4		2	0	0
Home health services	31		7	0	5
Hospital-based outpatient care center	33		1	0	0
Linguistic/translation services	12		1	0	3
Meals on wheels	12		0	0	5
Neurological services	6		2	0	0
Nutrition programs	26		3	0	5
Occupational health services	29		3	1	5
Oncology services	14		2	0	2

MEDICAL FACILITIES REPORT

Table 4 (Cont.)
Services Offered by South Dakota Community Hospitals, 2004

Services Provided	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
Orthopedic services	13		6	1	9
Outpatient surgery	42		2	0	0
Patient controlled analgesia	11		1	0	0
Patient education center	22		1	0	0
Patient representative services	14		1	0	0
Physical rehabilitation outpatient services	38		3	0	2
Primary care department	16		3	0	0
Psychiatric services:					
a. Psychiatric child-adolescent services	4		3	0	3
b. Psychiatric consultation-liaison services	4		3	0	3
c. Psychiatric education services	4		3	0	1
d. Psychiatric emergency services	6		2	0	4
e. Psychiatric geriatric services	3		4	0	2
f. Psychiatric outpatient services	4		5	0	5
g. Psychiatric partial hospitalization program	3		2	0	0
Radiology, therapeutic					
a. Intensity-modulated radiation therapy	6		0	0	0
b. Shaped beam radiation system	4		0	0	0
Radiology, diagnostic:	30		2	0	1
a. CT scanner	31		8	0	12
b. Diagnostic radioisotope facility	13		4	0	1
c. Electron beam computed tomography	0		1	0	1
d. Magnetic resonance imaging	16		9	1	9
e. Multislice spiral computed tomography	5		1	0	0
f. Position emission tomography	4		4	0	5
g. Single photon emission comp tomography	8		2	0	2
h. Ultrasound	36		5	0	8
Reproductive health					
a. Fertility clinic	1		1	0	0
b. Genetic testing/counseling	2		1	0	0
Retirement housing	13		2	0	3
Sleep center	11		5	1	6
Social work services	31		3	0	5
Sports medicine	18		5	0	2
Support groups	20		3	0	3
Swing bed services	43		1	0	0
Teen outreach services	1		1	0	1
Tobacco treatment/cessation program	15		3	0	2
Transplant services					
a. Bone marrow	1		1	0	2
b. Heart	0		0	0	1
c. Kidney	1		1	0	2
d. Liver	0		0	0	1
e. Lung	0		0	0	1
f. Tissue	3		0	0	1
g. Other	1		0	0	0
Transportation to health facilities	10		3	0	9
Urgent care center	5		1	0	1
Volunteer services department	20		1	0	2
Women's health center/services	11		4	2	2
Wound management services	14		3	0	2

NOTE: Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

COMMUNITY HOSPITALS

UTILIZATION

General Trends

The addition of two new hospitals in 2001 boosted the utilization numbers. Even with this addition utilization numbers showed mixed results. Table 5, below, portrays selected utilization data for South Dakota community hospitals. It is important to note that the data in Table 5 includes swing bed data, showing that swing bed utilization has not always helped inpatient procedures keep pace with the increase in outpatient procedures. In 2004, there were 3,052 community hospital beds, 215 beds or 76.6 percent fewer than the 1995 total of 3,267 beds. Discharges increased from 89,895 in 1995 to an all time high of 102,350 in 2004, an increase of 12,455 discharges or 13.9 percent. Additionally, there were 2,701 more discharges in 2004 than in 2003.

The number of inpatient days has fallen from 498,793 in 1995 to 464,315 in 2004, a decrease of 34,478 inpatient days or 6.9 percent. Inpatient days increased 4.8 percent from 2003, which had seen a decrease of 9.0 percent from 2002. The average length of stay declined from 5.55 days in 1995 to 4.54 days in 2004. The overall trend of decline in the utilization numbers of community hospitals is indicative of the activity in acute care hospitals around the United States.

Cost containment efforts by government, health care coverage companies, and hospitals have encouraged the utilization of outpatient procedures more frequently and decreased the period of time people stay in the hospital for any given procedure. Additionally, the 96-hour average length of stay limit for acute care in the Critical Access Hospital program has contributed to shorter stays in rural hospitals. As of December 31, 2004, South Dakota had 36 hospitals participating in this program.

Table 5
Selected Utilization Data for South Dakota Community Hospitals, 1995-2004

YEAR	NUMBER OF HOSPITALS	LICENSED BEDS	DISCHARGES	PATIENT DAYS	AVERAGE LENGTH OF STAY	AVERAGE DAILY CENSUS	PERCENT OCCUPANCY
1995	51	3,267	89,895	498,793	5.55	1366.6	41.8%
1996	51	3,229	93,447	491,836	5.26	1343.8	41.6%
1997	50	3,182	93,232	488,769	5.24	1339.1	42.1%
1998	50	3,120	96,311	481,546	5.00	1319.3	42.3%
1999	49	3,065	95,287	491,030	5.15	1345.3	43.9%
2000	49	2,986	97,278	479,960	4.93	1311.5	43.9%
2001	51	2,970	98,676	491,473	4.98	1346.5	45.3%
2002	51	2,970	101,875	486,810	4.78	1333.7	44.9%
2003	51	3,040	99,649	442,845	4.44	1213.3	39.9%
2004	51	3,052	102,350	464,315	4.54	1268.6	41.6%

NOTE: Table 5 includes swing bed data. Numbers excluding swing bed data are listed in Tables 6-9. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

RECENT TRENDS

Community hospital trends by bed size category from 1995 to 2004 are discussed below. The Department of Health monitors the following utilization trends for community hospitals: inpatient days, percent occupancy, discharges, average lengths of stay, and Medicare and Medicaid inpatient days.

Inpatient Days (Excludes swing bed inpatient days)

Table 6, below, indicates the trend in inpatient days for the different sizes of community hospitals between 1995 and 2004 when swing bed days are excluded. In 2004, South Dakota community hospitals generated 424,888 acute care inpatient days, down 27,384 days or 6.1 percent from 1995. Although there has been a general decline of inpatient days generated in South Dakota community hospitals during the past 10 years, there was a slight increase of 2.3 percent in 2001 and again an increase in 2004 of 6.8 percent.

Table 6
Inpatient Days for South Dakota Community Hospitals, 1995-2004

Hospital Size	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
0-24	11,826	12,246	13,667	16,017	16,997	13,682	12,431	13,494	12,394	11,728
25-49	55,313	48,811	38,638	34,152	33,374	36,322	32,078	28,350	30,911	29,484
50-99	33,394	31,493	32,680	31,270	43,538	33,875	47,772	44,541	45,210	41,320
100-199	51,566	49,240	48,562	78,925	66,379	66,078	64,099	63,381	60,106	56,866
200 +	300,173	304,211	300,643	275,588	281,098	283,306	287,036	289,411	249,365	285,490
Total	452,272	446,001	434,190	435,952	441,386	433,263	443,416	439,177	397,986	424,888

NOTE: Table 6 excludes swing bed data. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Percent Occupancy (Excludes swing bed data)

Table 7, page 12, shows the occupancy rate for the different sizes of community hospitals between 1995 and 2004. The occupancy rate of a hospital shows the percentage of total beds in a hospital, which are occupied, averaged over a one-year period. An occupancy rate is a standard indicator of the extent to which a facility's capacity is being utilized. Over the last 10 years, the rate has shown periods of decreasing and increasing. Since 2001 the rate has been on a decrease dropping slightly from 40.9 percent in 2001 to 40.5 percent in 2002 and then to 35.9 percent in 2003. However, in 2004 the rate increased to 38 percent.

In addition, occupancy rates are directly correlated with the number of licensed beds in a facility. Hospitals with more than 200 beds consistently have the highest occupancy rates in almost every year analyzed, while hospitals with less than 24 beds have the lowest occupancy rates of all South Dakota community hospitals.

Table 7
Percent Occupancy Rates for South Dakota Community Hospitals, 1995-2004

Hospital Size	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
0-24	14.8	14.5	14.7	15.4	16.0	12.7	11.6	12.6	11.4	10.0
25-49	18.8	17.5	15.3	14.9	14.9	15.5	15.4	13.7	15.9	15.7
50-99	32.4	30.5	31.7	30.4	32.0	29.0	35.0	32.6	29.1	30.2
100-199	34.3	33.3	32.9	39.5	44.7	45.0	43.8	43.3	41.1	38.7
200 +	53.1	53.7	53.2	54.8	55.8	58.1	59.0	59.5	49.4	54.0
Total	37.9	37.7	37.4	38.3	39.5	39.6	40.9	40.5	35.9	38.0

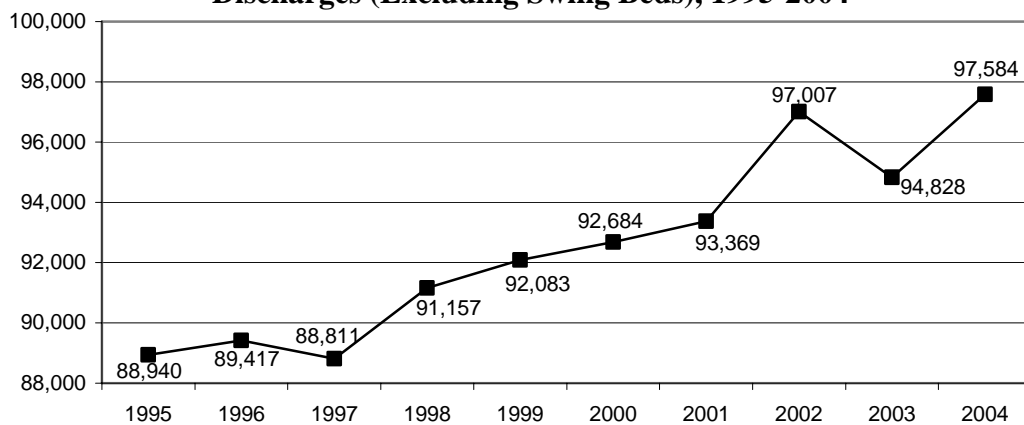
NOTE: Table 7 excludes swing bed data. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Discharges (Excludes swing bed data)

Over the past 10 years, annual discharge totals have fluctuated. As Figure 2 shows, the number reached its high in 2004 with 97,584 and the low was 88,811 in 1997. Table 8, page 13, shows the number of discharges from the different sizes of community hospitals between 1995 and 2004. The 2004 discharge rate per 1,000 South Dakota population was 129.3, up from the 2003 rate of 125.6 per 1,000 population. If swing bed discharges were included, the discharge rates per 1,000 population would be 132 and 135.6, respectively, for 2003 and 2004.

Figure 2
Discharges (Excluding Swing Beds), 1995-2004



NOTE: Figure 2 excludes swing bed data. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Table 8
Discharges from South Dakota Community Hospitals, 1995-2004

Hospital Size	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
0-24	3,350	3,446	4,022	4,889	4,934	4,292	4,093	4,474	3,898	4,540
25-49	13,005	12,475	11,287	10,415	10,741	11,124	10,440	9,957	9,167	9,553
50-99	8,249	8,374	8,765	8,871	10,943	9,662	9,681	12,685	13,072	12,246
100-199	11,339	11,178	11,063	17,594	14,709	14,475	14,503	14,575	14,007	13,924
200 +	52,997	53,944	53,674	49,388	50,756	53,131	54,662	55,316	54,684	57,321
Total	88,940	89,417	88,811	91,157	92,083	92,684	93,369	97,007	94,828	97,584

NOTE: Table 8 excludes swing bed data. Wagner Community Memorial Hospital, Wagner, did not submit at completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Average Length of Stay (Excludes swing bed data)

Table 9, below, indicates the trend in the average length of stay in the different sizes of community hospitals between 1995 and 2004. The length of stay has varied only slightly over the last 10 years with a peak of 5.1 days in 1995 and a low of 4.2 in 2003. As Table 9 indicates, the average length of stay varies significantly by bed size category. In 2004, the average length of stay in hospitals with more than 200 beds was 2.4 days longer than the average length of stay in the hospitals with less than 24 beds.

Table 9
Average Length of Stay in South Dakota Community Hospitals, 1995-2004

Hospital Size	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
0-24	3.5	3.6	3.4	3.3	3.4	3.2	3.0	3.0	3.2	2.6
25-49	4.3	3.9	3.4	3.3	3.1	3.3	3.1	2.8	3.4	3.1
50-99	4.0	3.8	3.7	3.5	4.0	3.5	4.9	3.5	3.5	3.4
100-199	4.6	4.4	4.4	4.5	4.5	4.6	4.4	4.3	4.3	4.1
200 +	5.7	5.6	5.6	5.6	5.5	5.3	5.3	5.2	4.6	5.0
Total	5.1	5.0	4.9	4.8	4.8	4.7	4.7	4.5	4.2	4.4

NOTE: Table 9 excludes swing bed data. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Medicare Inpatient Days (Includes swing bed data)

Table 10, page 14, shows the number of Medicare inpatient days in the different sizes of community hospitals between 1995 and 2004. Swing bed Medicare days are included in the count for all years. In 2004, South Dakota community hospitals had 246,886 Medicare inpatient days. This was a 1.1 percent decrease from 2003. In 2004, Medicare inpatient days made up 53.2 percent of all community hospital inpatient days, compared to 58.1 percent in 1995.

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Table 10
Medicare Inpatient Days for South Dakota Community Hospitals, 1995-2004

Hospital Size	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
6-24	13,286	12,139	15,890	17,042	17,349	15,836	13,035	14,336	15,003	16,818
25-49	46,172	41,329	45,949	39,874	39,061	35,037	31,543	34,308	32,672	31,884
50-99	18,907	19,912	22,030	19,320	22,998	20,692	21,686	30,350	31,610	28,538
100-199	31,850	32,537	36,334	54,686	44,171	41,104	42,903	49,970	42,468	39,970
200 +	152,402	159,029	156,727	135,408	137,534	141,334	137,067	136,209	127,888	129,676
Total	262,617	264,946	276,930	266,330	261,113	254,003	246,234	265,173	249,641	246,886

NOTE: Table 10 includes swing bed data. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Medicaid Inpatient Days (Includes swing bed data)

Table 11, below, shows the number of Medicaid inpatient days by bed size group in community hospitals between 1995 and 2004. Medicaid inpatient days totaled 59,215 days during 2004, or 12.8 percent of all inpatient days, an increase of 19.3 percent since 1995. Medicaid inpatient days increased 5.5 percent from 2003 to 2004.

Table 11
Medicaid Inpatient Days in South Dakota Community Hospitals, 1995-2004

Hospital Size	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
6-24	2,605	2,942	3,510	2,072	2,250	1,697	1,116	1,281	1,090	1,260
25-49	5,309	3,900	4,168	4,602	3,272	3,948	3,972	6,508	4,174	3,436
50-99	3,252	3,074	3,684	3,593	3,520	3,114	3,136	3,539	3,542	3,367
100-199	4,137	3,589	3,110	4,533	4,341	4,413	4,627	4,717	4,440	4,096
200 +	34,327	35,061	34,450	37,552	39,039	38,514	41,155	41,829	42,905	47,056
Total	49,630	48,566	48,922	52,352	52,422	51,686	54,006	57,874	56,151	59,215

NOTE: Table 11 includes swing bed data. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

SURGICAL OPERATIONS

Table 12, page 15, shows the number of surgical procedures, both inpatient and outpatient, for 2000 to 2004. Each patient undergoing surgery is counted as one surgical operation regardless of the number of surgical procedures that are performed while the patient is in the operating or procedure room. Outpatient surgical operations are those surgeries performed on patients who do not remain in the hospital overnight. The number of outpatient surgeries has decreased from 2003 by 656 procedures. The number of inpatient procedures has decreased by 1,816 procedures, or 5.2 percent, from 2003. Overall, surgical procedures have increased from 2000 by 5,637 procedures or 7.4 percent.

Table 12
Surgical Operations Performed in South Dakota Community Hospitals, 2000-2004

SURGICAL OPERATIONS	2000	2001	2002	2003	2004
Inpatient	32,993	32,062	37,040	35,196	33,380
Outpatient	43,676	43,706	44,177	49,582	48,926
Total	76,669	75,768	81,217	84,778	82,306

NOTE: Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

OUTPATIENT VISITS

Table 13, below, provides the number of outpatient visits to community hospitals from 2000 to 2004. An outpatient visit is a visit to each emergency or non-emergency outpatient service area by a person who is not lodged in the hospital overnight while receiving medical, dental, or other health-related services. The count includes each appearance of a patient in each emergency or non-emergency outpatient service area. Emergency visits are defined as the total number of patients seen in an emergency unit. The number of *Other Visits* reflects the total number of scheduled or unscheduled visits to outpatient service areas other than the emergency room. The numbers below include physician referrals and outpatient surgeries but do not include occasions of service.

Outpatient visits in South Dakota community hospitals have fluctuated over the last five years. In 2004, outpatient visits numbered 1,735,814, an increase of 153,195 outpatient visits from 2003. From 2000 to 2004 there was a percent increase of 0.7 percent.

Table 13
Outpatient Visits to South Dakota Community Hospitals, 2000-2004

OUTPATIENT SERVICES	2000	2001	2002	2003	2004
Emergency	200,286	195,085	210,259	208,463	210,378
Other	1,495,395	1,515,773	1,625,608	1,351,695	1,497,127
Observation	28,180	24,190	24,391	22,461	28,309
Total	1,723,861	1,735,048	1,860,258	1,582,619	1,735,814

NOTE: Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

COMMUNITY HOSPITALS

SWING BEDS

In 2004, 47 hospitals had swing beds. Table 14, below, provides swing bed utilization information from 1995 to 2004. The development and use of swing beds has increased by 20 licensed beds or 4.4 percent in the last 10 years. Although the number of swing beds has increased since 1995, the number of inpatient days has declined steadily from 55,749 inpatient days in 1995 to 39,427, a decrease of 16,322 days or 29.3 percent. This trend can be explained by a decline in the length of stay by more than 5 days since 1995 and by a decline in the average daily census by 45 persons per day since a 10 year high in 1995.

Table 14
Swing Bed Utilization for South Dakota Community Hospitals, 1995-2004

YEAR	NUMBER OF SWING BEDS	NUMBER OF SWING BED PATIENT ADMISSIONS	NUMBER OF SWING BED INPATIENT DAYS	SWING BED AVERAGE LENGTH OF STAY	SWING BED AVERAGE DAILY CENSUS	PERCENT OCCUPANCY
1995	451	4,052	55,749	13.8	152.7	33.9%
1996	436	4,221	53,691	12.7	146.7	33.6%
1997	431	4,496	54,137	12.0	148.3	34.4%
1998	442	4,260	47,998	11.3	131.5	29.8%
1999	451	4,450	47,180	10.6	129.3	28.7%
2000	448	4,594	46,697	10.2	127.6	28.5%
2001	447	5,294	48,020	9.1	131.6	29.4%
2002	447	4,868	47,633	9.8	130.5	29.2%
2003	471	4,821	44,859	9.3	122.9	26.1%
2004	471	4,766	39,427	8.3	107.7	22.9%

NOTE: Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

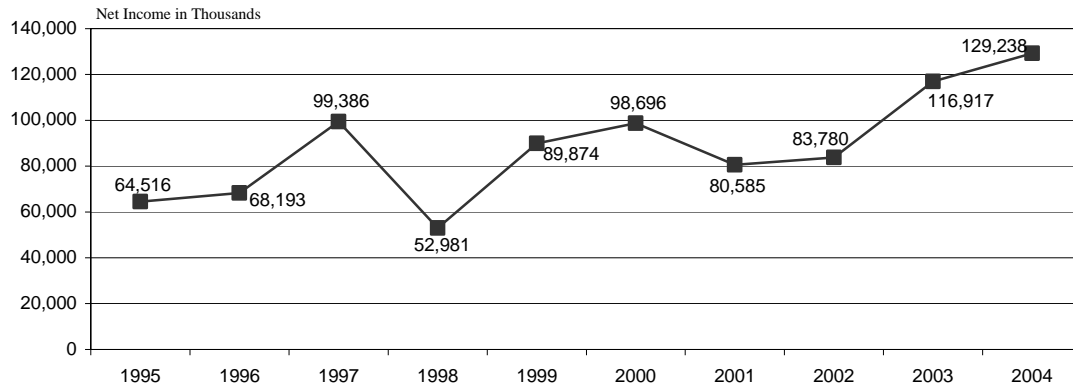
FINANCIAL INFORMATION

The following section examines financial characteristics and trends for community hospitals in South Dakota.

Expenses and Revenues

Figure 3, page 17, compares community hospital expenses with revenues from 1995 to 2004 by showing the change in net income. Net income is defined as excess revenue over expenditures. Total revenues, defined as total net revenue from services to patients (inpatient and outpatient) plus total other operating and non-operating revenue, amounted to \$1,620,216,762 during 2004 while total expenses, defined as total operating expenses plus non-operating losses, were \$1,490,978,315 for the same period.

Figure 3
Net Income for all Community Hospitals, 1995-2004



NOTE: Numbers include attached long-term care facilities. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

Table 15, below, shows total community hospital expenses by selected categories from 1995 to 2004. Total expenses have increased substantially during this period, from \$720,902,000 in 1995 to \$1,490,978,315 in 2004, an increase of 106.8 percent. Payroll expenses accounted for 44 percent of all expenses in 2004, which is consistent with past trends.

Table 15
Community Hospital Expenses by Category, 1995-2004
(In Thousands)

YEAR	TOTAL EXPENSES	PAYROLL EXPENSES	EMPLOYEE BENEFITS	PROFESSIONAL FEES	DEPRECIATION	INTEREST EXPENSE	ALL OTHER
1995	720,902	315,576	57,958	36,320	52,787	26,806	231,456
1996	766,056	334,403	61,165	38,040	57,436	24,416	250,596
1997	825,779	360,071	66,141	44,538	61,648	23,695	269,686
1998	866,507	360,851	62,003	46,847	61,905	21,997	312,904
1999	971,956	427,904	79,054	52,876	68,004	20,538	319,127
2000	1,059,360	465,534	89,353	*	71,370	21,899	*
2001	1,123,773	498,795	95,663	*	74,276	23,385	*
2002	1,238,145	542,613	106,518	*	82,164	28,540	*
2003	1,389,149	616,163	134,131	*	85,692	27,027	*
2004	1,490,978	656,209	1,525,103	*	87,631	27,409	*

* Not asked since 1999 AHA Survey

NOTE: Numbers include attached long-term care facilities. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. The data from their 2003 survey was included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.

The information presented in Table 16, page 18, is based on an equation developed and recommended by AHA. Between 1995 and 2004, South Dakota community hospital expenses per inpatient day increased by 92.2 percent, from \$1,031.49 to \$1,982.67. Expenses per inpatient day reflect expenses incurred for inpatient care only and are not adjusted for inflation.

Table 16
Adjusted Expenses Per Inpatient Day, 1995-2004

YEAR	TOTAL EXPENSES	INPATIENT DAYS	ADJUSTED EXPENSES PER INPATIENT DAY
1995	720,902	498,793	\$ 1,031.49
1996	766,056	491,836	\$ 1,080.05
1997	825,779	488,769	\$ 1,143.70
1998	866,507	481,546	\$ 1,201.97
1999	971,956	491,030	\$ 1,331.37
2000	1,059,360	479,960	\$ 1,423.26
2001	1,123,773	491,473	\$ 1,474.44
2002	1,238,145	485,810	\$ 2,089.76
2003	1,389,149	442,845	\$ 1,968.48
2004	1,490,978	464,315	\$ 1,982.67

NOTE: Total inpatient days include swing bed days. Expenses per inpatient day are not adjusted for inflation. Numbers include attached long-term care facilities. Wagner Community Memorial Hospital, Wagner, did not submit a completed survey. In addition, Freeman Regional Health Services could not provide complete information for this table. The data from their 2003 surveys were included for comparison purposes.

SOURCE: Department of Health; Office of Data, Statistics, and Vital Records.